TEXAS DEPARTMENT OF LICENSING AND REGULATION

PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • Fax (512) 475-2871 www.license.state.tx.us

CRIMINAL HISTORY QUESTIONNAIRE

TDLR must review your criminal history to determine if you are eligible to receive or renew a license. You must complete this form if you have <u>ever</u> been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense. Provide specific details, <u>attaching a separate questionnaire form for each crime.</u>

Our review may take from one to twelve weeks to complete. Questions regarding this form may be addressed to the TDLR's Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above, or if you choose to email it, please send it to CHQ@tdlr.texas.gov.

Your application will not be processed until this form, application and payment has been received.

Type of Request:	New \square Renewal	Type of License:_			
			(Ex: Barber, Cosmetolo	gist, Electrician, Towing, etc.)	
			Social Security	Number:	
Last	First	Middle			
Address:		City:	State: _	Zip Code:	
	DOB:				
County and State of co	onviction or deferred ad	judication:(examp	le: Travis, TX)	(example: 300 th District Court)	
Date crime committed	l: Date	e of conviction or de	ferred adjudication:		
Exact crime you were	convicted of or received	l a deferred adjudica	ation for:		
What exactly did you o	do (crime) and why? (If y	ou need more space to	write, attach additional s	heets)	
Sentence or action imp	posed by the court: (exa	mple: six months in Trav	is County Jail)		
For renewals, did this	conviction occur since y	our license was last	issued: \square yes \square	no	
Are you currently on p	parole? \square yes \square no	Are you curre	ently on probation?	uges uno	
If YES, list your reporti	ng officer's name:		Phone number:		
	affirm I am the applica urate information, the				
Signature:			Date:		
* TDLR will only use you	r email address for the pur	rpose of communicati	ng with you electronic	ally in a manner which	
protects your email addr	ress from disclosure under	the Public Information	n Act.		

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